

VILAS COUNTY PUBLIC  
HEALTH DEPARTMENT  
Environmental Health  
330 Court Street  
Eagle River, WI 54521  
F-45002A (Rev. 09/08)



STATE OF WISCONSIN  
s. 97.30, s. 254.61, Subchapter  
VII, Wis. Stats.

## Retail Food Establishment Inspection Report

| <b>Establishment Information</b>                               |  |
|--|--|
| Facility Name<br>YE OLD SHILLELAGH                             | Facility Type<br>Restaurant                                      |
| Facility ID #<br>BJOA-9EKMFV                                   | Facility Telephone #<br>715 904-2827                             |
| Facility Address<br>35 TOWER RD<br>MANITOWISH WATERS, WI 54545 |  |
| Licensee Name<br>YE OLDE SHILLELAGH, LLC                       | Licensee Address<br>8404 ROCK LAKE RD<br>WINCHESTER, WI<br>54557 |

| <b>Inspection Information</b> |                                     |                  |
|-------------------------------|-------------------------------------|------------------|
| Inspection Type<br>Routine    | Inspection Date<br>January 30, 2017 | Total Time Spent |

| <b>Equipment Temperatures</b> |                          |
|-------------------------------|--------------------------|
| Description                   | Temperature (Fahrenheit) |
| Norlake Cooler                | 41                       |
| Walk-in cooler                | 33                       |
| Delfield                      | 40                       |
| Edesa Cook's prep cooler      | 38                       |

| <b>Food Temperatures</b> |                          |
|--------------------------|--------------------------|
| Description              | Temperature (Fahrenheit) |
| Sliced Onion CH          | 37                       |
| Beef vegetable soup HH   | 146                      |
| French Onion Soup HH     | 139                      |

| <b>Warewashing Info</b> |                     |              |     |                |                     |             |
|-------------------------|---------------------|--------------|-----|----------------|---------------------|-------------|
| Machine Name            | Sanitization Method | Thermo Label | PPM | Sanitizer Name | Sanitizer Type      | Temperature |
| CMA EVA 2000            |                     |              | 0   |                | Sodium Hypochlorite |             |

| <b>Certified Manager</b> |                              |                                     |
|--------------------------|------------------------------|-------------------------------------|
| Name<br>ANGELA M BAUER   | Certificate #<br>KBRN-9HQMP8 | Certificate Expiration<br>2/24/2019 |

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

**Observed Violations**

**Total # 3**

**Risk/Intervention - 21 - Proper date marking and disposition**

This is a priority item

**OBSERVATION: (CORRECTED DURING INSPECTION):** Pizza sauce has exceeded its date mark. Sauce was thrown out during inspection.

**CORRECTIVE ACTION(S):** Discard Ready-to-eat potentially hazardous (TCS) foods requiring date marking that have exceeded their discard date or are not date marked.

**CODE CITATION:** 3-501.18 (A) A FOOD specified under ¶ 3-501.17 (A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ¶ 3-501.17 (A), except time that the product is frozen; [P]

(2) Is in a container or PACKAGE that does not bear a date or day; P or

(3) Is appropriately marked with a date or day that exceeds a temperature and time combination as specified in ¶ 3-501.17 (A). [P]

**Good Retail Practices - 46 - Warewashing facilities: installed, maintained, & used: test strips**

This is a priority foundation item

**REPEAT OBSERVATION:** A chorine test kit is not available for checking sanitizer concentrations.

**CORRECTIVE ACTION(S):** Provide a test kit or other device for measuring the concentration of sanitizing solutions.

**CODE CITATION:** 4-302.14 A test kit or other device that accurately measures the concentration in mg/L of SANITIZING solutions shall be provided. [Pf]

**Risk/Intervention - 14 - Food-contact surfaces: cleaned and sanitized**

This is a priority item

**OBSERVATION:** The dishwasher was not dispensing sanitizer during inspection. A 3 compartment sink will be used to sanitize dishes until dishwasher is fixed.

**CORRECTIVE ACTION(S):** Provide training to employees on proper use and concentration of sanitizer and/or repair or adjust warewashing equipment to provide proper sanitizer concentration.

**CODE CITATION:** 4-501.114 A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under ¶ 4-703.11 (C) shall meet the criteria specified in § 7-204.11 SANITIZERS, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: [P]

(A) A chlorine solution shall have a minimum temperature based on the concentration and pH of the solution as listed in the following chart; [P]

|                     |                          |                      |
|---------------------|--------------------------|----------------------|
| Concentration Range | Minimum Temperature mg/L |                      |
|                     | pH 10 or less °C (°F)    | pH 8 or less °C (°F) |

|       |          |          |
|-------|----------|----------|
| 25-49 | 49 (120) | 49 (120) |
| 50-99 | 38 (100) | 24 (75)  |
| 100   | 13 (55)  | 13 (55)  |

(B) An iodine solution shall have a:

(1) Minimum temperature of 20°C (68°F), [P]

(2) pH of 5.0 or less or a pH no higher than the level for which the manufacturer specifies the solution is effective, [P] and

(3) Concentration between 12.5 mg/L and 25 mg/L; [P]

(C) A quaternary ammonium compound solution shall: [P]

(1) Have a minimum temperature of 24°C (75°F), [P]

(2) Have a concentration as specified under § 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, [P] and

(3) Be used only in water with 500 mg/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions; [P]

(D) If another solution of a chemical specified under ¶¶ (A) to (C) of this section is used, the

PERMIT/LICENSE HOLDER shall demonstrate to the DEPARTMENT that the solution achieves SANITIZATION and the use of the solution shall be APPROVED; [P] or (E) If a chemical SANITIZER other than chlorine, iodine, or a quaternary ammonium compound is used, it shall be applied in accordance with the EPA-registered label use instructions and be approved by the DEPARTMENT. [P]

**Comments**

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge



Sanitarian



TAYLOR HAYNES